1		CLAIN	IS AS F	LED - PART					10/		1// /	7.	
1.		*		(Column 1)		<u> (</u> Column 2)		ALL E	NTITY		ОТ	HER	
	TOTAL CLAIMS FOR TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS					19999						ALL	
				UMBER FILED	NUMBER EXTRA			SIC FEE	FEE	\dashv	RA		
				minus 20=		*		SIU FEE	385.0	<u> </u>	OR BASIC		
1								(\$ 9=			OR X\$18		
H	MULTIPLE DEPENDENT CLAIM PE			minus 3 =				X43=		OR X86=			
_				·				45=		7	1		
×	If the differe	ence in column	1 is less ti	nan zero, enter '	'0" in c	olumn 2	L	TAL		OF			
	CLAIMS AS AMENDED - PART II						10	TAL L		JOF		_	
AWEIND MENT	(Column 1)			(Column 2)			(Column 3) SMALL			OTHER TI ENTITY OR SMALLEN			
		REMAININ		HIGHES NUMBE	R	PRESENT			ADDI-	1			
	-	AMENDME	VT	PREVIOU PAID FO		EXTRA	RA		IONAL FEE		RATE	. 7	
בְּ	Total	1. 15	Minus		=	-	X\$	9=		OR	X\$18=	1	
Č	Independent * / M		Minus	1 9		=		3=			X86=	1-	
_	FIRST PRESENTATION OF MULT			DEPENDENT CI	LAIM		-/			OR	7,003	+-	
							+14			OR	+290=		
	(Column 1) (Column 2) (Column 3)						ADDIT.	TAL FEE]	OR A	TOTAL DDIT. FEE		
Ī		CLAIMS		(Column :		olumn 3)	<u></u>			_			
1		REMAINING AFTER		NUMBER PREVIOUSI	_Y `	RESENT EXTRA	RAT		DDI-		RATE	TIC	
r	Total	AMENDMENT	Minus	PAID FOR				•	EE	 -		F	
I	Independent	*	Minus	***	=		X\$ 9	=	c	PR	X\$18=		
₽-	FIRST PRESENTATION OF MULTIP			t e				1		R	X86=		
							+145=		0		-290=		
							TOTA ADDIT: FE	AL .	0		TOTAL		
	(Column 1) (Column 2) (Column 3)							E		' ADI	DIT. FEE		
•		CLAIMS REMAINING		HIGHEST NUMBER				ADD)].	_		A D	
	×.	AFTER AMENDMENT	-	PREVIOUSLY PAID FOR		TRA	RATE	TION	AL	F	RATE	ADI NOIT	
Γc	otal		Minus	**	-		VA -	FEE		-		FE	
n	dependent	*	Minus	***	=	· 	X\$ 9=	<u> </u>	OR	X	\$18=		
-11	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAI				<u></u> Л	\neg	X43=		OR	X	86=		
							+145=		OR	+2	90=		
				umn 2, write "0" in co S SPACE is less tha		ter *20 "	TOTAL				TOTAL		
ne	Highest Num	ber Previously Paid er Previously Paid	For IN TH	IS SPACE is less the	20 3 001	1101. ZU, A	ADDIT. FEE		OR	ADDI	T CCC!		